

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040769

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 154

STATE FILE NUMBER

FILED NOV 14 1963

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		c. CITY OR TOWN Neosho	
Length of stay in 1b 16 Hrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hospital		d. STREET ADDRESS (If outside, give location) 508 Sherman Ave	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Chester Ray Yarrington			4. DATE OF DEATH Nov. 8 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-23-1898	9. AGE (last birthday) 70	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
11. BIRTHPLACE (City and state or country) Hartley, Iowa			12. CITIZEN OF WHAT COUNTRY U.S.A.		

13a. FATHER'S NAME William H. Yarrington		13b. MOTHER'S MAIDEN NAME Mary Hunt		14. NAME OF HUSBAND OR WIFE Audry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of war) WWII		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Audry Yarrington Neosho, Mo	

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cervical Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 4-7-63 to 11-8-63 and last saw her alive on 11-8-63 Death occurred at 8:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE F. F. Whithead (Degree or title) M.D.	22b. ADDRESS 113 W. Hickory St. Neosho, Missouri	22c. DATE SIGNED 11-9-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-12-1963	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) (State) Marionville, Missouri
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24. FUNERAL DIRECTOR Clark Funeral Home	ADDRESS Neosho, Mo	25. DATE RECD. BY LOCAL REG. 11-9-63	REGISTRAR'S SIGNATURE Raydene Belka
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

NOV 19 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. Wayne Sauer

Licensed Embalmer No. 5191

P. O. Address 632 Park Street
Providence, R.I.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.